

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

Check if this is:
☐ An amended filing

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a *joint case*--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	<u>Daniel</u> First name <u>J.</u> Middle name <u>Collins</u> Last name Suffix (Sr., Jr., II, III)	<u>N/A</u> First name Middle name Last name Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years. Include your married or maiden names.	<u>N/A</u> First name Middle name Last name Suffix (Sr., Jr., II, III) <u>N/A</u> First name Middle name Last name Suffix (Sr., Jr., II, III)	<u>N/A</u> First name Middle name Last name Suffix (Sr., Jr., II, III) <u>N/A</u> First name Middle name Last name Suffix (Sr., Jr., II, III)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) XXX-XX-3000

N/A

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years.

☒ I have not used any business names or EINs

☐ I have not used any business names or EINs

N/A

Business name

N/A

Business name

Include trade names and doing business as names.

N/A

EIN

N/A

EIN

N/A

Business name

N/A

Business name

N/A

EIN

N/A

EIN

5. Where you live

If Debtor 2 lives at a different address:

7244 West Belmont Avenue

Number Street

Second Floor

Chicago IL 60634

City, State, Zip Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

N/A

Number Street

City, State, Zip Code

N/A

EIN

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

N/A

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

N/A

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under	<p>Check one. (For a brief description of each, see <i>Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy</i> (Form B2010)). Also, go to the top of page 1 and check the appropriate box.</p> <p><input checked="" type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p>																		
8. How you will pay the fee	<p><input checked="" type="checkbox"/> I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</p> <p><input type="checkbox"/> I need to pay the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals to Pay Your Filing Fee in Installments</i> (Official Form 103A).</p> <p><input type="checkbox"/> I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.</p>																		
9. Have you filed for bankruptcy within the last 8 years?	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <table border="0"><tr><td>District <u>N/A</u></td><td>When _____</td><td>Case number _____</td></tr><tr><td></td><td></td><td>MM/DD/YYYY</td></tr><tr><td>District <u>N/A</u></td><td>When _____</td><td>Case number _____</td></tr><tr><td></td><td></td><td>MM/DD/YYYY</td></tr><tr><td>District <u>N/A</u></td><td>When _____</td><td>Case number _____</td></tr><tr><td></td><td></td><td>MM/DD/YYYY</td></tr></table>	District <u>N/A</u>	When _____	Case number _____			MM/DD/YYYY	District <u>N/A</u>	When _____	Case number _____			MM/DD/YYYY	District <u>N/A</u>	When _____	Case number _____			MM/DD/YYYY
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10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <table border="0"><tr><td>Debtor <u>N/A</u></td><td>Relationship _____</td></tr><tr><td>District _____</td><td>When _____ Case number _____</td></tr><tr><td></td><td>MM/DD/YYYY</td></tr><tr><td>Debtor <u>N/A</u></td><td>Relationship _____</td></tr><tr><td>District _____</td><td>When _____ Case number _____</td></tr><tr><td></td><td>MM/DD/YYYY</td></tr></table>	Debtor <u>N/A</u>	Relationship _____	District _____	When _____ Case number _____		MM/DD/YYYY	Debtor <u>N/A</u>	Relationship _____	District _____	When _____ Case number _____		MM/DD/YYYY						
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11. Do you rent your residence?	<p><input type="checkbox"/> No. Go to line 12.</p> <p><input checked="" type="checkbox"/> Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?</p> <p><input checked="" type="checkbox"/> No. Go to line 12.</p> <p><input type="checkbox"/> Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.</p>																		

Part 3: Report About Any Businesses You Own as a Sole Proprietor

- 12. Are you a sole proprietor of any full- or part-time business?** ☒ No. Go to Part 4.

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?** ☒ No.
☐ Yes.

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

- 15. Tell the court whether you have received briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

About Debtor 1:

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

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- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.
- 16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts: **N/A**

- 17. Are you filing under Chapter 7?**
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**
- ☒ No.
☐ Yes.

- 18. How many creditors do you estimate that you owe?**
- ☒ 1-49
☐ 50-99
☐ 100-199
☐ 200-999
- ☐ 1,000 - 5,000
☐ 5,001 - 10,000
☐ 10,001 - 25,000
- ☐ 25,001 - 50,000
☐ 50,001 - 100,000
☐ More than 100,000

- 19. How much do you estimate your assets to be worth?**
- ☒ \$0 to \$50,000
☐ \$50,001 to \$100,000
☐ \$100,001 to \$500,000
☐ \$500,001 to \$1 million
- ☐ \$1,000,001 to \$10 million
☐ \$10,000,001 to \$50 million
☐ \$50,000,001, to \$100 million
☐ \$100,000,001 to \$500 million
- ☐ \$500,000,001 to \$1 billion
☐ \$1,000,000,001 to \$10 billion
☐ \$10,000,000,001 to \$50 billion
☐ More than \$50 billion

- 20. How much do you estimate your liabilities to be?**
- ☐ \$0 to \$50,000
☐ \$50,001 to \$100,000
☒ \$100,001 to \$500,000
☐ \$500,001 to \$1 million
- ☐ \$1,000,001 to \$10 million
☐ \$10,000,001 to \$50 million
☐ \$50,000,001, to \$100 million
☐ \$100,000,001 to \$500 million
- ☐ \$500,000,001 to \$1 billion
☐ \$1,000,000,001 to \$10 billion
☐ \$10,000,000,001 to \$50 billion
☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Daniel J. Collins

Debtor 1

02/25/2016

MM/DD/YYYY

For your attorney, if you are represented by one

Note that BkAssist is licensed for use only by attorneys. If you are not represented by an attorney, you may not file this petition.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jeffrey Whitehead

Attorney for Debtor(s)

02/25/2016

MM/DD/YYYY

Jeffrey Whitehead

Printed name

Whitehead & Associates, LLC

Firm name

105 W. Madison St., Ste 900

Number Street

Chicago IL 60602

City, State, ZIP Code

312-648-0473

Contact phone

6280034

Bar number

jeffwhitehead_2000@yahoo.com

Email address

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Sum
Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$0.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$2,445.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$2,445.00</u>

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$0.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$102,168.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>\$206,898.00</u>
Your total liabilities	<u>\$309,066.00</u>

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$2,723.23</u>
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i>	<u>\$2,655.00</u>

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?
☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9 for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income* (Official Form 122A-1, 122B, or 122C-1):
 Copy your total current monthly income from line 11..... \$3,416.67

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:.....

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.).....	<u>\$92,668.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.).....	<u>\$9,500.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.).....	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.).....	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.).....	<u>\$0.00</u>
9g. Total. Add lines 9a through 9f.....	<u>\$102,168.00</u>

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106A/B
Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land or Other Real Estate You Own or Have an Interest in

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☒ No.
☐ Yes.

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No.
☐ Yes.

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items? (List the current value of the portion you own. Do not deduct secured claims or exemptions)

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes **Basic Household Goods and Furnishings (D1, \$750.00)** **\$750.00**

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No
☒ Yes **Television, Home Computer and Audio Equipment (D1, \$500.00)** **\$500.00**

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No
☐ Yes

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No
☐ Yes

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No
☐ Yes

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No
☒ Yes **Basic Wearing Apparel (D1, \$1,000.00)** **\$1,000.00**

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No
☒ Yes **Costume Jewelry (D1, \$100.00)** **\$100.00**

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No
☐ Yes

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No
☐ Yes

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,350.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following? (List the current value of the portion you own. Do not deduct secured claims or exemptions)

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No
☒ Yes **US Currency; (Asset value artificially computed as value \$50.00 * 50% + joint liens \$0.00 * 50% based on shared ownership with former joint debtor) (D1)** **\$25.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No
☒ Yes **Green Dot Debit Account (D1)**..... **\$70.00**

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No
☐ Yes **\$0.00**

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No
☐ Yes **\$0.00**

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No
☐ Yes **\$0.00**

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No
☐ Yes **\$0.00**

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company.
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No
☐ Yes **\$0.00**

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No
☐ Yes **\$0.00**

24. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified state tuition plan as defined in 26 U.S.C. § 529(b)(1).

☒ No
☐ Yes **\$0.00**

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No
☐ Yes **\$0.00**

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No
☐ Yes **\$0.00**

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No
☐ Yes **\$0.00**

28. Tax refunds owed to you

Give specific information about them, including whether you already filed the returns and the tax years

☒ No
☐ Yes **\$0.00**

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No
☐ Yes **\$0.00**

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No
☐ Yes **\$0.00**

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance. Name the insurance company of each policy and the beneficiary, and list its value

☒ No
☐ Yes **\$0.00**

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No
☐ Yes **\$0.00**

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No
☐ Yes **\$0.00**

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No
☐ Yes **\$0.00**

35. Any financial assets you did not already list

☒ No
☐ Yes **\$0.00**

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$95.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes **\$0.00**

54. Add the dollar value of all of your entries from Part 7, including any entries for pages you have attached for Part 7. Write that number here

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	_____
56. Part 2: Total vehicles, line 5.....	_____
57. Part 3: Total personal and household items, line 15	\$2,350.00
58. Part 4: Total financial assets, line 36	\$95.00
59. Part 5: Total business-related property, line 45	_____
60. Part 6: Total farm- and fishing-related property, line 52	_____
61. Part 7: Total other property not listed, line 54	_____
62. Total personal property. Add lines 56 through 61	\$2,445.00
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$2,445.00

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming Illinois Exemptions and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Basic Household Goods and Furnishings (Line 6)	\$750.00	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Television, Home Computer and Audio Equipment (Line 7)	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Basic Wearing Apparel (Line 11)	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Costume Jewelry (Line 12)	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
US Currency (Line 16)	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Green Dot Debit Account (Line 17)	\$70.00	<input checked="" type="checkbox"/> \$70.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Total	\$2,445.00	\$2,445.00	

3. Are you claiming a homestead exemption of more than \$155,675.00?

(Subject to adjustment on 04/01/2016 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of the collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
Add the dollar value of your entries in Column A. Write that number here:	\$0.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Colleen Colvin Priority Creditor's Name 526 South Yarrow Street Number Street Oregon OH 43616 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number: -310. When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	\$34,474.00	\$34,474.00	\$0.00
2.2 Dina Bernal Priority Creditor's Name 214 Heather Glen Number Street Aurora IL 60504 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number: -8543 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	\$58,194.00	\$58,194.00	\$0.00

	Total claim	Priority amount	Nonpriority amount
2.3 Internal Revenue Service Priority Creditor's Name PO Box 7317 Number Street Philadelphia PA 19101 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number: 3000 When was the debt incurred: 2008 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	\$4,500.00	\$4,500.00	\$0.00
2.4 State of Illinois Dept of Revenue Priority Creditor's Name PO Box 19006 Number Street Springfield IL 62794 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number: 3000 When was the debt incurred: 2010 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	\$5,000.00	\$5,000.00	\$0.00

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?
☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

	Total claim
4.1 Bank of America Nonpriority Creditor's Name Po Box 982235 Number Street El Paso TX 79998 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number: -5153 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$544.00

	Total claim
4.2 Banner Healthcare Nonpriority Creditor's Name 1400 South Dobson Number Street Mesa AZ 85202 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -2030 \$5,000.00 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical
4.3 Black Hills Power Nonpriority Creditor's Name 625 Ninth Street Number Street Rapid City SD 57701 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -5656 \$209.00 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities
4.4 CAPITAL ONE Nonpriority Creditor's Name PO BOX 30285 Number Street Salt Lake City UT 84130 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -3210 \$511.00 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card
4.5 Capitol Emergency Associates Nonpriority Creditor's Name 901 W Ben White Blvd Number Street Austin TX 78704 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -8645 \$333.00 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical

	Total claim
4.6 Centurylink Nonpriority Creditor's Name 1 North Franklin Street Number Street Suite 2600 Chicago IL 60606 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -12.0 \$142.00 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities
4.7 CHASE Nonpriority Creditor's Name PO BOX 15123 Number Street Wilmington DE 19850 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -1321 \$178.00 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card
4.8 CLK Management Nonpriority Creditor's Name 5545 Murray Road Number Street Memphis TN 38119 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: 8651 \$3,545.00 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Lease
4.9 COMCAST Nonpriority Creditor's Name ONE COMCAST CENTER Number Street PHILADELPHIA Philadelphia PA 19103 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -5321 \$257.00 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities

		Total claim
4.10 ComEd Nonpriority Creditor's Name PO Box 805379 Number Street	Last 4 digits of account number: -5312 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities	\$655.00
Chicago IL 60680 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.11 Convergent Healthcare Nonpriority Creditor's Name 121 NE Jefferson Street Number Street Suite 100 Peoria IL 61602 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -5321 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$1,510.00
4.12 Cox Communications Nonpriority Creditor's Name 6205-B Peechtree Dunwoody Road NE Number Street	Last 4 digits of account number: -5132 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities	\$372.00
Atlanta GA 30328 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.13 Direct TV Nonpriority Creditor's Name PO Box 6550 Number Street	Last 4 digits of account number: -1323 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities	\$89.00
Englewood CO 80155 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

	Total claim
4.14 Dish Network Nonpriority Creditor's Name 9601 S Meridian Blvd. Number Street Englewood CO 80112 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -5365 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities
4.15 Edward Hospital Nonpriority Creditor's Name 801 South Washington Street Number Street Naperville IL 60540 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -3131 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical
4.16 Emergency Physician Management Nonpriority Creditor's Name 39 Main Street Number Street Belvedere Tiburon CA 94920 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -4312 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical
4.17 Keys to Recovery Nonpriority Creditor's Name 100 North River Road Number Street Des Plaines IL 60016 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -4515 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical

		Total claim
4.18 Knology Broadband Rapid City Nonpriority Creditor's Name 809 Deadwood Avenue Number Street	Last 4 digits of account number: -5132 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities	\$921.00
4.19 Kohl's Nonpriority Creditor's Name PO Box 3115 Number Street	Last 4 digits of account number: -4132 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$550.00
4.20 Lawrence County Auditor Nonpriority Creditor's Name 90 Sherman Street Number Street	Last 4 digits of account number: -5516 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other	\$638.00
4.21 MacNeal Hospital Nonpriority Creditor's Name 3249 Sout Oak Avenue Number Street	Last 4 digits of account number: -2132 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$1,313.00

		Total claim
4.22 Medical Payment Data Nonpriority Creditor's Name PO Box 9500 Number Street	Last 4 digits of account number: -4513 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$2,117.00
4.23 NCC BUSINESS SERVICES INC Nonpriority Creditor's Name PO BOX 24739 Number Street	Last 4 digits of account number: -3112 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Lease	\$6,485.00
4.24 Peoples Gas Nonpriority Creditor's Name 200 East Randolph Street Number Street	Last 4 digits of account number: 8465 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities	\$156.00
4.25 Physicians Immediate Care Nonpriority Creditor's Name PO Box 8799 Number Street	Last 4 digits of account number: 5430 When was the debt incurred: 01/21/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$372.00

	Total claim
4.26 Presence Health Nonpriority Creditor's Name 1643 Lewis Avenue Number Street Suite 203 Billings MT 59102 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: 920 When was the debt incurred: 08/12/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical
4.27 Quest Diagnostics Nonpriority Creditor's Name 10837 S Cicero Ave Number Street Ste 310 Oak Lawn IL 60453 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -4132 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical
4.28 Saint Joseph Hospital Nonpriority Creditor's Name 2900 North Lake Shore Drive Number Street Chicago IL 60657 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: 3000 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical
4.29 Southwest Diag Imaging Nonpriority Creditor's Name 9700 North 91st Street Number Street Scottsdale AZ 85258 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -5312 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical

	Total claim
4.30 St Francis Hospital Nonpriority Creditor's Name 530 NE Glen Oak Avenue Number Street Peoria IL 61637 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number: 2002 When was the debt incurred: 2009 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$7,000.00
4.31 St Lukes Hospital Nonpriority Creditor's Name 1500 South Mill Avenue Number Street Tempe AZ 85281 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number: -5213 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$2,092.00
4.32 Tanglewood Apartments Nonpriority Creditor's Name 740 West University Drive Number Street Tempe AZ 85281 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number: -5132 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Lease	\$1,211.00
4.33 TCF Bank Nonpriority Creditor's Name 1405 Xenium Lane North Number Street Minneapolis MN 55441 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number: -1651 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$451.00

Part 3: List Others to Be Notified for a Debt That You Already Listed

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5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1 On which entry in Part 1 or Part 2 did you list the original creditor?
Illinois Department of Healthcare/Family Service
Creditor's Name
509 S. 6th Street
Number Street
Springfield IL 62701
City, State, ZIP Code
Line 2.1 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number:

2 On which entry in Part 1 or Part 2 did you list the original creditor?
Illinois Department of Healthcare/Family Service
Creditor's Name
509 S. 6th Street
Number Street
Springfield IL 62701
City, State, ZIP Code
Line 2.2 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number:

3 On which entry in Part 1 or Part 2 did you list the original creditor?
United States Attorney
Creditor's Name
219 South Dearborn Street
Number Street
Chicago IL 60604
City, State, ZIP Code
Line 2.3 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number:

4 On which entry in Part 1 or Part 2 did you list the original creditor?
AArgon Agency Inc
Creditor's Name
8668 Spring Mountain Road
Number Street
Las Vegas NV 89117
City, State, ZIP Code
Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number:

5 On which entry in Part 1 or Part 2 did you list the original creditor?
Medical Business Bureau
Creditor's Name
PO Box 1219
Number Street
Park Ridge IL 60068
City, State, ZIP Code
Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number:

6 On which entry in Part 1 or Part 2 did you list the original creditor?
Afni Inc
Creditor's Name
PO Box 3517
Number Street
Bloomington IL 61702
City, State, ZIP Code
Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number:

7 CMI Creditor's Name 4200 INTERNATIONAL PKWY Number Street Carrollton TX 75007 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.9</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
8 CONVERGENT OUTSOURCING Creditor's Name 800 SW 39TH ST Number Street PO BOX 9004 Renton WA 98057 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.9</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
9 Contract Callers Inc Creditor's Name 501 Greene Street 3rd Floor Number Street Suite 302 Augusta GA 30901 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.10</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
10 Credit Control Corp Creditor's Name PO Box 120570 Number Street Newport News VA 23612 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.12</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
11 Diversified Consultants Creditor's Name 10550 Deerwood Park Blvd. Number Street Jacksonville FL 32256 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.13</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
12 Afni Inc Creditor's Name PO Box 3517 Number Street Bloomington IL 61702 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.14</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:

13

MERCHANTS CREDIT GUIDE

Creditor's Name

223 W JACKSON BLVD

Number Street

STE 410

Chicago IL 60606

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

14

Creditors Discount & Audit Company

Creditor's Name

415 E. Main Street

Number Street

Streator IL 61364

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

15

CMI

Creditor's Name

4200 INTERNATIONAL PKWY

Number Street

Carrollton TX 75007

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

16

Northern Hills Coll Inc

Creditor's Name

PO Box 1053

Number Street

Spearfish SD 57783

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

17

Wakefield and Associates

Creditor's Name

PO Box 441590

Number Street

Aurora CO 80044

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

18

Contract Callers Inc

Creditor's Name

501 Greene Street 3rd Floor

Number Street

Suite 302

Augusta GA 30901

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

19 Presence Health Creditor's Name 62315 Collections Center Drive Number Street Chicago IL 60693 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.26</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
20 RSI Enterprises Creditor's Name 5440 West Northern Avenue Number Street Glendale AZ 85301 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.27</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
21 Bureau of Med Economics Creditor's Name 326 East Coronado Road Number Street #205 Phoenix AZ 85004 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.29</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
22 Medical Data Systems Creditor's Name 2001 9th Avenue Suite 312 Number Street Vero Beach FL 32960 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.31</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:

Part 4: Add the Amounts for Each Type of Unsecured Claim		
6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.		
		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$92,668.00
	6b. Taxes and certain other debts you owe the government	6b. \$9,500.00
	6c. Claims for death or personal injury while you were intoxicated.....	6c. \$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.....	6d. \$0.00
	6e. Total Add lines 6a through 6d.	6e. \$102,168.00
Total claims from Part 2	6f. Student loans	6f. \$0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts.....	6h. \$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.....	6i. \$206,898.00

		Total claim
6j. Total. Add lines 6f through 6i.	6j.	<u>\$206,898.00</u>

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Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
☒ No
☐ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☐ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☒ No
☐ Yes. In which community state or territory did you live? . Fill in the name and current address of that person.
3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

Check if this is:
☐ An amended filing
☐ A supplement showing post-petition chapter 13 income as of

Official Form 106I Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

<p>1. Fill in your employment information</p> <p>If you have more than one job, attach a separate page with information about additional employers.</p> <p>Include part-time, seasonal, or self-employed work.</p> <p>Occupation may include student or homemaker, if it applies.</p>	<p>Employment status</p> <p>Occupation</p> <p>Employer's name</p> <p>Employer's address</p> <p>How long employed there?</p>	<p>Debtor 1</p> <p><input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed</p> <p>N/A N/A N/A N/A</p>	<p>Debtor 2 or non-filing spouse</p> <p><input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed</p> <p>Unemployed Whitehead and Associates LLC 105 West Madison Street Suite 900 Chicago, IL 60604 6 months</p>
--	--	--	--

Part 2: Give Details About Monthly Income

		For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$0.00	\$3,416.67
3. Estimate and list monthly overtime pay.	3.	\$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	4.	\$0.00	\$0.00
5. List All payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$693.44
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00
5e. Insurance	5e.	\$0.00	\$0.00
5f. Domestic support obligations	5f.	\$0.00	\$0.00

	For Debtor 1	For Debtor 2 or non-filing spouse
5g. Union dues	\$0.00	\$0.00
5h. Other deductions. Specify:	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a through 5h	\$0.00	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$0.00	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$0.00	\$0.00
8b. Interest and dividends	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$0.00	\$0.00
8d. Unemployment compensation	\$0.00	\$0.00
8e. Social Security	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	\$0.00	\$0.00
8g. Pension or retirement income	\$0.00	\$0.00
8h. Other monthly income. Specify:	\$0.00	\$0.00
9. Add all other income. Add lines 8a-8h.	\$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 9 for Debtor 1 and Debtor 2 or non-filing spouse.	\$2,723.23	
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> (Official Form 106J). Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> (Official Form 106J). Specify:	\$0.00	
12. Add the amounts on lines 10 and 11. The result is the combined monthly income. Also write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> (Official Form 106Sum) if it applies.	\$2,723.23	
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Explain.....		

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

Check if this is:
☐ An amended filing
☐ A supplement showing post-petition chapter 13 expenses as of

Official Form 106J Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
☐ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No.
☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*

2. Do you have dependents?

Do not list Debtor 1 or Debtor 2.

Do not state the dependents' names.

- ☒ No
☐ Yes. Fill out this information for each dependent

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as your bankruptcy filing date unless you are using this form as supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date

Include expenses paid for with non-cash governmental assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I).

Note: Expenses for property other than the debtor(s)' primary residence(s), if any, are reported in the Summary of Business/Real-Estate Income & Expense annexed to Schedule I.

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. **\$950.00**

If not included in line 4:

4a. Real estate taxes

4a.

4b. Property, homeowner's, or renter's insurance

4b.

4c. Home maintenance, repair, and upkeep expenses

4c.

		Your expenses
4d. Homeowner's association or condominium dues	4d.	
5. Additional mortgage payments for your residence, such as home equity loans	5.	
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$185.00
6b. Water, sewer, garbage collection	6b.	
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$135.00
6d. Other. Specify: N/A	6d.	
7. Food and housekeeping supplies	7.	\$400.00
8. Childcare and children's education costs	8.	
9. Clothing, laundry, and dry cleaning	9.	\$100.00
10. Personal care products and services	10.	\$150.00
11. Medical and dental expenses	11.	\$275.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$400.00
13. Entertainment, clubs, recreation, newspapers, magazine, and books	13.	\$50.00
14. Charitable contributions and religious donations	14.	\$10.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	
15b. Health insurance	15b.	
15c. Vehicle insurance	15c.	
15d. Other insurance. Specify: N/A	15d.	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: N/A	16.	
17. Installment or lease payments (None)	17.	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I</i> (Official Form 106I)	18.	
19. Other payments you make to support others who do not live with you. Specify: N/A	19.	
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I</i> (Official Form 106I)		
20a. Mortgages on other property	20a.	
20b. Real estate taxes	20b.	
20c. Property, homeowner's, or renter's insurance	20c.	
20d. Maintenance, repair, and upkeep expenses	20d.	
20e. Homeowner's association or condominium dues	20e.	
20f. Other. Specify:	20f.	
21. Other. Specify: N/A	21.	

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. **\$2,655.00**

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b.

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. **\$2,655.00**

23. Calculate your monthly net income

23a. Copy line 12 (your combined monthly income) from Schedule I

23a. **\$2,723.23**

23b. Copy your monthly expenses from line 22 above.

23b. **\$2,655.00**

**23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income**

23c. **\$68.23**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No
☐ Yes.
Explain.....

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person N/A. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Daniel J. Collins
Signature of Debtor 1

02/25/2016
Date

Signature of Debtor 2

02/25/2016
Date

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107
Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1	Dates Debtor 1 lived there	Debtor 2	Dates Debtor 2 lived there
225 West Johnson Street, Palatine, IL 60060	01/2014 to 03/2015	<input type="checkbox"/> Same as Debtor 1 N/A	<input type="checkbox"/> Same as Debtor 1 N/A to N/A
740 West University Drive #102, Tempe, AZ 85281	06/2013 to 07/2014	<input type="checkbox"/> Same as Debtor 1 N/A	<input type="checkbox"/> Same as Debtor 1 N/A to N/A

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?
(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply	Sources of income Check all that apply
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$4,180.00	
For last calendar year: (January 1 to December 31, 2015)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$23,410.00	
For the calendar year before that: (January 1 to December 31, 2014)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$16,415.00	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225.00* or more?

- ☐ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$6,225.00* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 04/01/2016 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.
- ☒ No
☐ Yes. List all payments to an insider

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
Include payments on debts guaranteed or cosigned by an insider.
- ☒ No
☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.
- ☒ No
☐ Yes. Fill in the details
10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.
- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.
11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**
- ☒ No
☐ Yes. Fill in the details
12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**
- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**
- ☒ No
☐ Yes. Fill in the details for each gift.
14. **Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**
- ☒ No
☐ Yes. Fill in the details of each gift or contribution

Part 6: List Certain Losses

15. **Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**
- ☒ No
☐ Yes. Fill in the details

Part 7: List Certain Payments or Transfers

- 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.
☐ No
☒ Yes. Fill in the details

Person who was paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Jeffrey Whitehead 105 W. Madison St., Ste 900 Chicago, IL 60602 Email or website address: jeffwhitehead_2000@yahoo.com Person Who Made the Payment if Not You:	Expense & fee retainer	02/01/2016	\$1,500.00

- 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**
Do not include any payment or transfer that you listed on line 16.
☒ No
☐ Yes. Fill in the details.
- 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.
☒ No
☐ Yes. Fill in the details
- 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)
☒ No
☐ Yes. Fill in the details

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

- 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.
☒ No
☐ Yes. Fill in the details
- 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**
☒ No
☐ Yes. Fill in the details.
- 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**
☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

- 23. Do you hold or control any property that someone else owns?** Include any property you borrowed from, are storing for, or hold in trust for someone.
- ☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

- 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**
- ☒ No
☐ Yes. Fill in the details
- 25. Have you notified any governmental unit of any release of hazardous material?**
- ☒ No
☐ Yes. Fill in the details
- 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**
- ☒ No
☐ Yes. Fill in the details

Part 11: Give Details About Your Business or Connections to Any Business

- 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**
- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

Business name and address	Describe the nature of the business and identify the accountant or bookkeeper	Employer identification number (Do not include SSN or ITIN) Dates business existed
Dan Collins Agency 7244 West Belmont Avenue Second Floor Chicago, IL 60634	Inside Sales N/A	(Same as SSN/ITIN) 2008 to Present

- 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**
- ☒ No
☐ Yes. Fill in the details below.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Daniel J. Collins

Signature of Debtor 1

02/25/2016

Date

Signature of Debtor 2

02/25/2016

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person **N/A -- the BkAssist software used to prepare this petition is licensed for use only by attorneys.**

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property lease	Will the lease be assumed?
---	----------------------------

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Daniel J. Collins
Signature of Debtor 1

02/25/2016
Date

Signature of Debtor 2

02/25/2016
Date

Fill in this information to identify your case:

Debtor 1 Daniel J. Collins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Northern District of Illinois

Case number _____
(If known)

Check if this is:
☐ An amended filing
☐ A supplement disclosing additional payments or agreements as of

Form BKA-2030

Disclosure of Compensation of Attorney for Debtor

12/15

Use this procedural form, if desired, to disclose the matters enumerated in 11 U.S.C. § 329 and Fed. R. Bankr. P. 2016(b).

Disclosure is required within 14 days after the order for relief or another time as the court may direct. A supplemental disclosure is required within 14 days after any payment or agreement not previously disclosed.

Attach a copy of the retainer agreement, if any.

Part 1: Compensation

For legal services, I have agreed to accept..... **\$1,500.00**

Prior to the filing of this statement I have received
Retainer for legal services..... **\$1,500.00**

Retainer for expenses, including the court filing fee **\$335.00**

Balance Due **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify) ☒ N/A

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

Part 2: Services

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy.
- Preparation and filing of any petition, schedules, statement of affairs and plan that may be required.
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof.
- Representation of the debtor in adversary proceedings and other contested bankruptcy matters.

e.

f.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

(None)

7. A copy of my retainer agreement ☐ is ☒ is not attached.

Part 3:

Certification

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

/s/ Jeffrey Whitehead

Jeffrey Whitehead (Whitehead & Associates, LLC)

02/25/2016

Date

**United States Bankruptcy Court
Northern District of Illinois
Chicago Division**

In re: **Collins, Daniel**

Case No.

VERIFICATION OF CREDITOR MATRIX

I(we) verify that the attached list of creditors and the matrix file to be uploaded in this case are true and complete to the best of my(our) knowledge.

/s/ Daniel J. Collins
Debtor

02/25/2016
Date

AArgon Agency Inc
8668 Spring Mountain Road
Las Vegas, NV 89117

Afni Inc
PO Box 3517
Bloomington, IL 61702

Bank of America
Po Box 982235
El Paso, TX 79998

Banner Healthcare
1400 South Dobson
Mesa, AZ 85202

Black Hills Power
625 Ninth Steet
Rapid City, SD 57701

Bureau of Med Economics
326 East Coronado Road
#205
Phoenix, AZ 85004

CAPITAL ONE
PO BOX 30285
Salt Lake City, UT 84130

Capitol Emergency Associates
901 W Ben White Blvd
Austin, TX 78704

Centurylink
1 North Franklin Street
Suite 2600
Chicago, IL 60606

CHASE
PO BOX 15123
Wilmington, DE 19850

Chris Jewula Contracting
5200 West Roscoe Street
Chicago, IL 60641

CLK Management
5545 Murray Road
Memphis, TN 38119

CMI
4200 INTERNATIONAL PKWY
Carrollton, TX 75007

Colleen Colvin
526 South Yarrow Street
Oregon, OH 43616

COMCAST
ONE COMCAST CENTER
PHILADELPHIA
Philadelphia, PA 19103

ComEd
PO Box 805379
Chicago, IL 60680

Contract Callers Inc
501 Greene Street 3rd Floor
Suite 302
Augusta, GA 30901

Convergent Healthcare
121 NE Jefferson Street
Suite 100
Peoria, IL 61602

CONVERGENT OUTSOURCING
800 SW 39TH ST
PO BOX 9004
Renton, WA 98057

Cox Communications
6205-B Peechtree Dunwoody Road NE
Atlanta, GA 30328

Credit Control Corp
PO Box 120570
Newport News, VA 23612

Creditors Discount & Audit Company
415 E. Main Street
Streator, IL 61364

Dina Bernal
214 Heather Glen
Aurora, IL 60504

Direct TV
PO Box 6550
Englewood, CO 80155

Dish Network
9601 S Meridian Blvd.
Englewood, CO 80112

Diversified Consultants
10550 Deerwood Park Blvd.
Jacksonville, FL 32256

Edward Hospital
801 South Washington Street
Naperville, IL 60540

Emergency Physician Management
39 Main Street
Belvedere Tiburon, CA 94920

Illinois Department of Healthcare/Family Service
509 S. 6th Street
Springfield, IL 62701

Internal Revenue Service
PO Box 7317
Philadelphia, PA 19101

Keys to Recovery
100 North River Road
Des Plaines, IL 60016

Knology Broadband Rapid City
809 Deadwood Avenue
Rapid City, SD 57702

Kohl's
PO Box 3115
Milwaukee, WI 53201

Lawrence County Auditor
90 Sherman Street
Deadwood, SD 57732

MacNeal Hospital
3249 Sout Oak Avenue
Berwyn, IL 60402

Medical Business Bureau
PO Box 1219
Park Ridge, IL 60068

Medical Data Systems
2001 9th Avenue Suite 312
Vero Beach, FL 32960

Medical Payment Data
PO Box 9500
Wilkes Barre, PA 18773

MERCHANTS CREDIT GUIDE
223 W JACKSON BLVD
STE 410
Chicago, IL 60606

NCC BUSINESS SERVICES INC
PO BOX 24739
Jacksonville, FL 32241

Northern Hills Coll Inc
PO Box 1053
Spearfish, SD 57783

Peoples Gas
200 East Randolph Street
Chicago, IL 60601

Physicians Immediate Care
PO Box 8799
Carol Stream, IL 60197

Presence Health
1643 Lewis Avenue
Suite 203
Billings, MT 59102

Presence Health
62315 Collections Center Drive

Chicago, IL 60693

Quest Diagnostics
10837 S Cicero Ave
Ste 310
Oak Lawn, IL 60453

RSI Enterprises
5440 West Northern Avenue
Glendale, AZ 85301

Saint Joseph Hospital
2900 North Lake Shore Drive
Chicago, IL 60657

Southwest Diag Imaging
9700 North 91st Street
Scottsdale, AZ 85258

St Francis Hospital
530 NE Glen Oak Avenue
Peoria, IL 61637

St Lukes Hospital
1500 South Mill Avenue
Tempe, AZ 85281

State of Illinois Dept of Revenue
PO Box 19006
Springfield, IL 62794

Tanglewood Apartments
740 West University Drive
Tempe, AZ 85281

TCF Bank
1405 Xenium Lane North
Minneapolis, MN 55441

United States Attorney
219 South Dearborn Street
Chicago, IL 60604

Wakefield and Associates
PO Box 441590
Aurora, CO 80044